DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/05/2015 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER DANVILLE REGIONAL REHABILITATION DANVILLE, IN 45122 SIRRET ADDRESS, CITY, STATE, 2F CODE 255 MEADOW R DANVILLE, IN 45122 SECRETARY AWARD TO CORRECTION SECRETARY AWARD TO PROPRIED BY FULL RECOULATORY OR LSC IDENTIFYING INFORMATION) (K 000) INITIAL COMMENTS A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 08/2/115 was conducted by the Indians State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 10/01/15 Facility Number: 100266570 Af this PSR survey, Danville Regional Rehabilitation was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 Edition of the National Fire Protection Association (NFPA) 101. Life Safety Code (LSC). Building 1012 built prior to March 1, 2003 was surveyed with Chapter 19, Existing Health Care Cocupanics. This one story facility was surveyed as two separate buildings due to the construction dates of two sections of the building, Building 0102 built prior to March 1, 2003 was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridor and in all areas open to the corridor. The facility has smoke detection in the corridor and in all areas open to the corridor. The facility has smoke detection and in all and in Romas 201 to 214. The facility has a capacity of 110 and had a census of 50 at the time of this survey.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	PLE CONSTRUCTION G 01, 02		(X3) DATE SURVEY COMPLETED	
MAME OF PROVIDER OR SUPPLIER DANVILLE REGIONAL REHABILITATION (MAID SUPPLIER CONTROLLE) STREET ADDRESS, CITY, STATE, ZIP CODE 258 MEADOW DR DANVILLE, N. 46122 DANVILLE, N. 46122 PREPRIX TYG REGULATORY OR USC IDENTIFYING INFORMATION) INITIAL COMMENTS A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 08/21/15 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 10/01/15 Facility Number: 0000657 Provider Number: 155132 AIM Number: 100266570 At this PSR survey, Danville Regional Rehabilitation was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety tome Fire and the 2000 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Building 1012 built prior to March 1, 2003 was surveyed with Chapter 19, Existing Health Care Occupancies. This one story facility was surveyed as two separate buildings due to the construction dates of two sections of the building, Building 1012 built prior to March 1, 2003 was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridor and in all areas open to the corridor. The facility has smoke detection in the corridor and had a census of S9 at the time of this survey.		155122		B WING	P WING			
DANVILLE REGIONAL REHABILITATION SUMMARY STATEMENT OF DEFICIENCIES RECOVER DEFICIENCY MUST BE PRECEDED BY THUL RECOULDING YOR LISC DEFINITY MO INFORMATION) DIA PREFIX TAG RECOVER OF THE APPROPRIATE DEFICIENCY MUST BE PRECEDED BY THUL RECOVER OF THE APPROPRIATE DEFICIENCY MUST BE PRECEDED BY THUL TAG DEFICIENCY MUST BE PRECEDED BY THUL RECOVER OF THE APPROPRIATE DEFICIENCY MUST BE PRECEDED BY THUL TAG DEFICIENCY TAG DEFICIENCY MUST BE PRECEDED BY THUL TAG DEFICIENCY TAG DEFICIENC	NAME OF D	POVIDED OD SLIDDLIED	133132	D: Willo	STREET ADDRESS (TITY STATE ZID CODE	10/0)1/2015
PREFIX TAG REGULATORY OR ISC IDENTIFYING INFORMATION) A POST SURVEY Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 08/21/15 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 10/01/15 Facility Number: 0000057 Provider Number: 155132 AlM Number: 100266570 At this PSR survey, Danville Regional Rehabilitation was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC). Building 0102 built prior to March 1, 2003 was surveyed with Chapter 19, Existing Health Care Occupancies. This one story facility was surveyed as two separate buildings due to the construction dates of two sections of the building. Building 0102 built prior to March 1, 2003 was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system for resident sleeping rooms in the Active Life Transition Unit and in Rooms 201 to 214, The facility has battery operated smoke detectors installed in all other resident sleeping rooms. The facility has a capacity of 110 and had a census of 9 at the time of this survey.					255 MEADOW DR			
A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 08/21/15 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 10/01/15 Facility Number: 000057 Provider Number: 155132 AIM Number: 100266570 At this PSR survey, Danville Regional Rehabilitation was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety Form Fire and the 2000 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC). Building 0102 built prior to March 1, 2003 was surveyed with Chapter 19, Existing Health Care Occupancies. This one story facility was surveyed as two separate buildings due to the construction dates of two sections of the building, Building 0102 built prior to March 1, 2003 was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridor and in all areas open to the corridor. The facility has smoke detectors hard wired to the fire alarm system for resident sleeping rooms in the Active Life Transition Unit and in Rooms 201 to 214. The facility has battery operated smoke detectors installed in all other resident sleeping rooms. The facility has a capacity of 110 and had a census of 59 at the time of this survey.	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	(EACH ((EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		
Code Recertification and State Licensure Survey conducted on 08/21/15 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 10/01/15 Facility Number: 000057 Provider Number: 155132 AIM Number: 100266570 At this PSR survey, Danville Regional Rehabilitation was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC). Building 0102 built prior to March 1, 2003 was surveyed with Chapter 19, Existing Health Care Occupancies. This one story facility was surveyed as two separate buildings due to the construction dates of two sections of the building. Building 0102 built prior to March 1, 2003 was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridor and in all areas open to the corridor. The facility has smoke detectors hard wired to the fire alarm system for resident sleeping rooms in the Active Life Transition Unit and in Rooms 201 to 214. The facility has battery operated smoke detectors installed in all other resident sleeping rooms. The facility has a capacity of 110 and had a census of 59 at the time of this survey.	{K 000}	INITIAL COMMENTS		{K 0	00}			
smoke detectors hard wired to the fire alarm system for resident sleeping rooms in the Active Life Transition Unit and in Rooms 201 to 214. The facility has battery operated smoke detectors installed in all other resident sleeping rooms. The facility has a capacity of 110 and had a census of 59 at the time of this survey.		Code Recertification a conducted on 08/21/1 Indiana State Departri accordance with 42 C Survey Date: 10/01/2 Facility Number: 000 Provider Number: 15 AIM Number: 100260 At this PSR survey, E Rehabilitation was for Requirements for Par Medicare/Medicaid, 4 Life Safety from Fire: National Fire Protecti Life Safety Code (LS0 to March 1, 2003 was Existing Health Care This one story facility separate buildings du of two sections of the prior to March 1, 2003 Type V (111) construct sprinklered. The facili with smoke detection	and State Licensure Survey 5 was conducted by the ment of Health in FR 483.70(a). 15 057 5132 6570 Panville Regional and in compliance with ticipation in 2 CFR Subpart 483.70(a), and the 2000 Edition of the on Association (NFPA) 101, C). Building 0102 built prior is surveyed with Chapter 19, Occupancies. was surveyed as two e to the construction dates building. Building 0102 built 3 was determined to be of ction and was fully ity has a fire alarm system in the corridor and in all					
	ADODATORY	system for resident sl Life Transition Unit ar The facility has batter installed in all other re facility has a capacity 59 at the time of this	eeping rooms in the Active and in Rooms 201 to 214. The sy operated smoke detectors esident sleeping rooms. The of 110 and had a census of survey.			TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14

days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/05/2015 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 02			(X3) DATE SURVEY COMPLETED	
		155132	B. WING				R	
NAME OF PROVIDER OR SUPPLIER DANVILLE REGIONAL REHABILITATION] 5	255 ME	ADDRESS, CITY, STATE, ZIP CODE ADOW DR ILLE, IN 46122	10/	01/2015	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE		
{K 000}	Continued From page 1		{K 0	00}				
	access were sprinkler	esidents have customary red. The facility has two viding facility services which						
{K 000}	Quality Review completed 10/02/15 - DA INITIAL COMMENTS		{K 0	00}				
	Code Recertification a							
	Survey Date: 10/01/1	5						
	Facility Number: 000 Provider Number: 15 AIM Number: 100266	5132						
	Requirements for Par Medicare/Medicaid, 4 Life Safety from Fire a National Fire Protection Life Safety Code (LSC	und in compliance with						
	of two sections of the consists of the walkw March 1, 2003, was d	e to the construction dates building. Building 0202 ay addition, was built after letermined to be of Type V d was fully sprinklered. The						

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/05/2015 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 02			(X3) DATE SURVEY COMPLETED	
		155132	B. WING			R		
NAME OF D	ROVIDER OR SUPPLIER	100102		STE	REET ADDRESS, CITY, STATE, ZIP CODE	10/	01/2015	
NAME OF T	TOVIDEIT OIT 301 1 EIEIT				MEADOW DR			
DANVILLE	REGIONAL REHABILIT	ATION			NVILLE, IN 46122			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFII TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
{K 000}	detection in the corrid the corridor. The faci hard wired to the fire sleeping rooms in the and in Rooms 201 to operated smoke dete- resident sleeping room capacity of 110 and h time of this survey.	or and in all areas open to lity has smoke detectors alarm system for resident Active Life Transition Unit 214. The facility has battery ctors installed in all otherms. The facility has a ad a census of 59 at the esidents have customary red. The facility has two oviding facility services clered.	{K 0	00}				